

Mental Health Matters

Consultation Feedback and Analysis

August 2016

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Time to Change – ending mental health discrimination

The NHS and the Council in Southampton support Time to Change, a national campaign led by Mind and Rethink aimed at ending the discrimination faced by people who experience mental health problems. For more information, please visit www.time-to-change.org.uk

1. Executive summary

A Mental Health Matters event took place in late 2014 which sought to hear the views of stakeholders in relation to mental health services and support in the city. The main feedback from this event was that people wanted an opportunity to be part of the review of mental health provision, and have a 'blank page' approach.

This was followed by an engagement period during the Autumn of 2015 on the Mental Health Matters initiative that informed and contributed to the development of the proposals for the future of all age mental health services in the city.

The next step was to undertake a period of public consultation, which ran from 5th February 2016 to 2nd May 2016. The proposals set out in the consultation were developed following feedback from service users, carers, GPs and other interested parties as a result of the engagement work during the Autumn 2015.

A wide variety of communication methods and networks were used in order that the Mental Health Matters consultation reached as wide an audience as possible within the city, details of these have been provided in Appendix 1.

In addition to these activities, feedback was actively sought via the NHS Southampton City CCG website, Southampton City Council website news, Healthy Southampton social media and e-bulletin, email correspondence, online surveys, attendance at existing forums and face to face interviews.

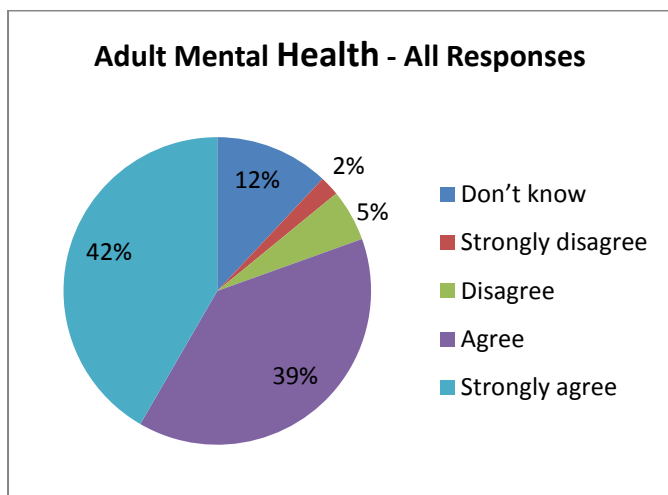
During the consultation period, a number of forums and settings were attended. The Mental Health Matters webpage was visited 1,852 times and the engagement document being viewed 568 times. Service user and carer feedback represented 56% of feedback received from the online survey and paper copy questionnaires completed.

The consultation report presents a summary of the responses received, and feedback was clear. The majority of stakeholders, and via all means of communication, indicated that they agreed with the proposals and a new model of care for Southampton.

It should also be acknowledged that a proportion of responses indicated that they 'don't know' to a small number of the consultation proposals, 'some resources should be shifted from secondary care mental health services', 'the proposals will improve services' and 'the proposals focus on the right things'. Additional comments received suggested that people did not feel they had enough information in order to make an informed choice.

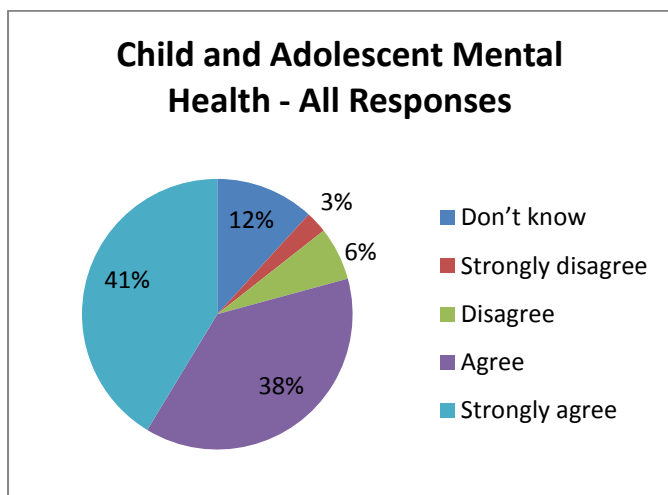
The charts on the next page provide an overall summary of the responses that we received to all of the proposals set out in the consultation document. This has been broken down into the three different areas; adult mental health, child and adolescent mental health, and child and adolescent mental health adapted survey.

Do you agree with the proposals set out for adult mental health services

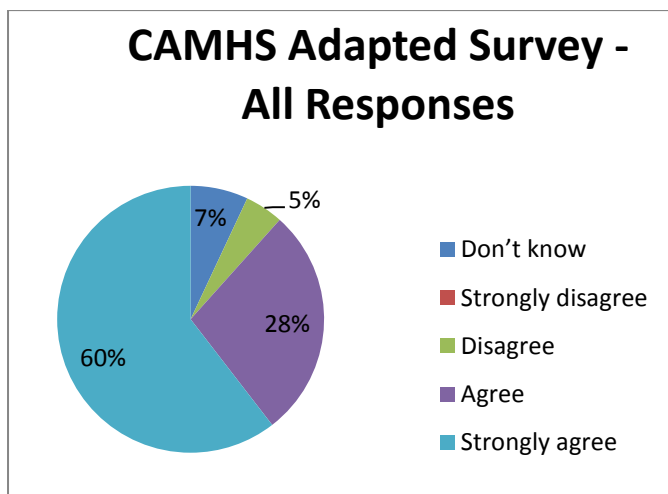


- **strongly agree or agree** to the proposals 81%
- **strongly disagree or disagree** to the proposals 7%
- **don't know** 12%

Do you agree with the proposals set out for child and adolescent mental health services



- **strongly agree or agree** to the proposals 79%
- **strongly disagree or disagree** to the proposals 9%
- **don't know** 12%



- **strongly agree or agree** to the proposals 88%
- **strongly disagree or disagree** to the proposals 5%
- **don't know** 7%

2. Introduction

This report outlines the methods used to capture feedback and presents the results of the feedback received following the period of consultation completed by the Integrated Commissioning Unit (ICU) on behalf of NHS Southampton City Clinical Commissioning Group (CCG) and Southampton City Council (SCC). With notable thanks to stakeholders who assisted with service user engagement.

Mental Health Matters, the initiative that sets out proposals for the future of all age mental health services in the city, detailed how service users, experts by experience, carers, clinicians, voluntary sector organisations could help us to redesign services, by taking a 'blank page' approach to care pathways.

The public consultation ran from 5th February 2016 to 2nd May 2016, the proposals set out in the consultation were developed using feedback received from the engagement that was undertaken during the Autumn 2015.

Although all were considered, it does not report on every comment received and in the interests of being concise and focussed it reduces the significant amounts of repetition of comparable comments into summary form. Therefore the length of any given section should not be used as a measure of the volume or strength of the views expressed.

It is assumed that the reader has read and understood the proposals in the consultation document Mental Health Matters (available at <http://southamptoncityccg.nhs.uk/news/mental-health-matters-in-southampton-help-shape-future-services--770/>)

3. Consultation methods

A wide variety of communication methods and networks were used in order that the Mental Health Matters public consultation reached as wide an audience as possible within the city, details of these have been provided in Appendix 1.

In addition to these activities, feedback was actively sought via the NHS Southampton City CCG website, Southampton City Council website news, Healthy Southampton social media and e-bulletin, email correspondence, online surveys, attendance at existing forums and face to face interviews.

The Autumn 2015 engagement identified a lower response rate from SO18 postcode areas within the east of the city, and mainly within cluster 6 (Bitterne park, Harefield and Bitterne), it recommended that additional focus was necessary during the consultation to ensure that residents from these areas have an opportunity to provide feedback. The additional focus resulted in an increase from 3% to 12% from SO18 postcode areas of those responding to the consultation.

Additionally further work was recommended from the engagement analysis and report to ensure that the consultation phase reaches a wider representation from black and minority ethnic (BME) communities. As a result, there was a BME engagement plan in place to raise awareness of the consultation ensuring that people were aware of the consultation, and had an opportunity to share their views on the proposals. This resulted in an increase to the response rate from 9.6% to 11.9% from BME communities.

The consultation facilitated a bespoke and targeted approach to reach the following groups:

- Users of children and adolescent mental health services in Southampton (CAMHS)
- Users of adult mental health services in Southampton
- Carers supporting people who use mental health services in Southampton
- Community and voluntary organisations
- Members of the Southampton Equality and Diversity Group
- Members of the Black and Minority Ethnic (BME) communities and their representatives
- GPs across the city
- Current service providers, both managers and clinicians/practitioners
- Allied services and domains including staff from
 - acute hospitals and the urgent care commissioners and clinicians including A&E
 - the criminal justice system (police and probation services)
 - substance misuse services
 - homelessness services
 - learning disability services
 - housing services – including supporting people providers
 - employment support agencies
 - student health services
 - schools and education

- Southampton Health and Wellbeing Board, including elected members
- Southampton Local Safeguarding Adult Board
- Southampton Local Safeguarding Children Board

Notes were taken at each forum / setting attended; these were returned to a central point for collation and analysis.

In addition to the above, an online survey was established inviting responses to the questions set out in Mental Health Matters. For those who could not access the online survey, hard copy, paper-based surveys were widely circulated, a copy is provided in Appendix 5. Details of how people could respond were also widely circulated in the consultation literature.

An adapted and simplified version of the online survey was produced by No Limits to facilitate engagement with young people.

The breakdown of responses from all these activities is as follows.

Activity
Mental Health Matters page on the CCG Website visited 1,852 times the engagement document was viewed 568 times, and the published frequently asked questions page was viewed 50 times
Social Media posts throughout the engagement period, messages were seen 16,325 times, this excludes the reach of any retweets or shares

Activity	
Number of forums /settings attended	9
Online surveys completed	120
Hard copy questionnaires completed	54
Online survey adapted for young people completed	43
Emails with feedback received	11
Telephone feedback received	2
Letter feedback received	1

During the consultation period a frequently asked question section was added to NHS Southampton City CCG website, and this was updated regularly. A copy of the questions and responses is provided in Appendix 3.

A mid consultation meeting took place involving the Head of Stakeholder Relations and Engagement in order to review progress, and to consider if any changes were needed to the consultation methods.

Full analysis was undertaken after the completion of the consultation period, the results of the feedback is captured in the next section of this report.

4. Consultation feedback and analysis

The consultation looked to receive feedback and comments on the proposals for the future of adult mental health, and child and adolescent mental health services.

Against each proposal, people had an opportunity to say if they;

- strongly agree
- agree
- disagree
- strongly disagree, or
- didn't know

Adult mental health proposals

- Mental health services should be aligned to Better Care Southampton clusters, and should be provided closer to my home in a local setting within the cluster
- There should be more services that support me outside of secondary care mental health services, such as in primary care or in ordinary community services
- Community navigators should be developed in all settings to help me access a range of services that will allow me to maintain my own health and wellbeing
- There should be improved access to local community resources, including the development of more peer support groups, and should be part of my care plan
- Services should adopt an 'ageless' approach, and my care should be based on my needs and not my age alone
- Perinatal mental health which provides support for women who are at risk of developing mental health problems during pregnancy and the first year post pregnancy, as well as those considering becoming pregnant should be improved
- Services should be established for adults of working age for developmental disorders, such as ADHD, high functioning autism and Asperger's
- Helping me get employment should be part of my care plan
- Carers should have improved access to support and education in their caring role, this will be achieved through community navigators and community solutions
- Service user networks and alliances should be developed and they should play an active role in improving services

Responses across the ten areas listed above were consistent; with the percentage of those saying that they:

strongly agree or agree to the proposals ranging from **78% to 90%** with an average of 86%
strongly disagree or disagree ranging from **3% to 16%** with an average of 6%
don't know ranging between **4% and 11%** with an average of 8%

The one area within the proposals that was an outlier was ‘helping me get employment should be part of my care plan’ - **16% of respondents strongly disagree or disagree** with this proposal.

The remaining three areas that were not consistent to the averages detailed above, due to a higher number of respondents ticking the ‘don’t know’ option, were;

- ‘Some resources should be shifted from secondary care mental health services into services such as community navigators, peer support groups’ - **17% of respondents strongly disagree or disagree, 62% strongly agree or agree and 22% don’t know**
- ‘The proposals will improve services’ - **10% of respondents strongly disagree or disagree, 63% strongly agree or agree and 29% don’t know**
- ‘The proposals focus on the right things’ - **11% of respondents strongly disagree or disagree, 67% strongly agree or agree and 23% don’t know**

Additional comments suggested that people did not feel they had enough information in order to make an informed decision, and raised concerns about affordability and shifting resources from secondary care services at a time when demand for services is increasing.

The conclusion reached from the analysis of responses received from the vast majority of stakeholders, and via all means of communication, was overwhelmingly positive for the proposals set out for adult mental health services.

We have included in section 6 of this document our response to a number of points raised that we wish to either be more explicitly clear upon or amend prior to any implementation phase.

Child and Adolescent proposals

- Child and adolescent mental health services should cover 0-25 years
- Young persons’ improving access to psychological therapies service (IAPT), and community eating disorder services for young people should be developed
- Perinatal mental health support for women should be improved
- Services should be established for adults of working age for developmental disorders, such as ADHD, high functioning autism and Asperger’s
- Mental health services shall be aligned to Better Care Southampton clusters, with care provided closer to my home
- There should be more services that support me outside of secondary care mental health services, such as in primary care or in ordinary community services
- Community navigators should be developed in all settings to help me access a range of services that will allow me to maintain my own health and wellbeing
- There should be improved access to local community resources, including the development of more peer support groups, and should be part of my care plan

- Carers should have improved access to support and education in their caring role, this will be achieved through community navigators and community solutions
- Service user networks and alliances should be developed and they should play an active role in improving services

Responses across the ten areas as listed above were consistent, with the percentage of those saying that they:

strongly agree or agree to the proposals ranging from **76% to 95%** with an average of 86%
strongly disagree or disagree ranging from **2% to 20%** with an average of 12%
don't know ranging between **3% and 14%** with an average of 8%.

The one area within the proposals that was an outlier was 'child and adolescent mental health services should cover 0-25 years' - **20% of respondents strongly disagree or disagree** with this proposal.

The remaining three areas that were not consistent to the averages detailed above, due to a higher number of people responding 'don't know', were;

- 'Some resources should be shifted from secondary care mental health services into services such as community navigators, peer support groups' - **22% of respondents strongly disagree or disagree, 55% strongly agree or agree and 23% don't know**
- 'The proposals will improve services' - **9% of respondents strongly disagree or disagree, 63% strongly agree or agree and 29% don't know**
- 'The proposals focus on the right things' - **14% of respondents strongly disagree or disagree, 60% strongly agree or agree and 25% don't know**

The conclusion reached from the analysis of responses received from the vast majority of stakeholders, and via all means of communication, was positive for the proposals set out for child and adolescent mental health services.

We acknowledge the concerns raised in the feedback about the capacity of current child and adolescent mental health services, and how this would be further impacted by increasing the age eligibility from 18 to 25 years. Our response to this point, and others have been included in section 6 of this document.

No Limits adapted survey

To ensure that the consultation was accessible to young people, the Integrated Commissioning Unit were supported by No Limits who summarised the proposed changes from the original document, using language and terminology that would be more familiar to this group.

Against each proposal, people had an opportunity to say if they;

- strongly agree
 - agree
 - disagree
 - strongly disagree, or
 - didn't know
-
- Child and adolescent mental health services should cover 0-25
 - Services for children and young people should include the development of talking therapies (similar to counselling) and an eating disorder service that offers advice, help and support either within service users own homes, health centres or GP surgeries
 - There should be more mental health support for woman who are planning on getting pregnant, ae pregnant, or have recently had a baby
 - Support for people with autism, ADHD and similar disorders should be available across all ages
 - I should be able to access mental health support close to where I live
 - It should be easier to access mental health support via my GP, local community based services, No Limits etc.
 - Community Navigators will work in community venues such as GP surgeries to assess individuals non-medical support needs and help them access groups, services and activities that can broadly improve their health and wellbeing
 - Peer support groups should be easily accessible in the community and not require GP / CAMHS referral
 - Young carers should have access to improved support and not be disadvantaged due to their caring role
 - Children and young people should play an active role in the design, development, delivery and improvement of mental health services

Responses across the ten areas listed above were consistent, with the percentage of those saying that they:

strongly agree or agree to the proposals ranging from **84% to 98%** with an average of 91%
strongly disagree or disagree ranging from **0% to 7%** with an average of 3%
don't know ranging between **2% and 19%** with an average of 6%.

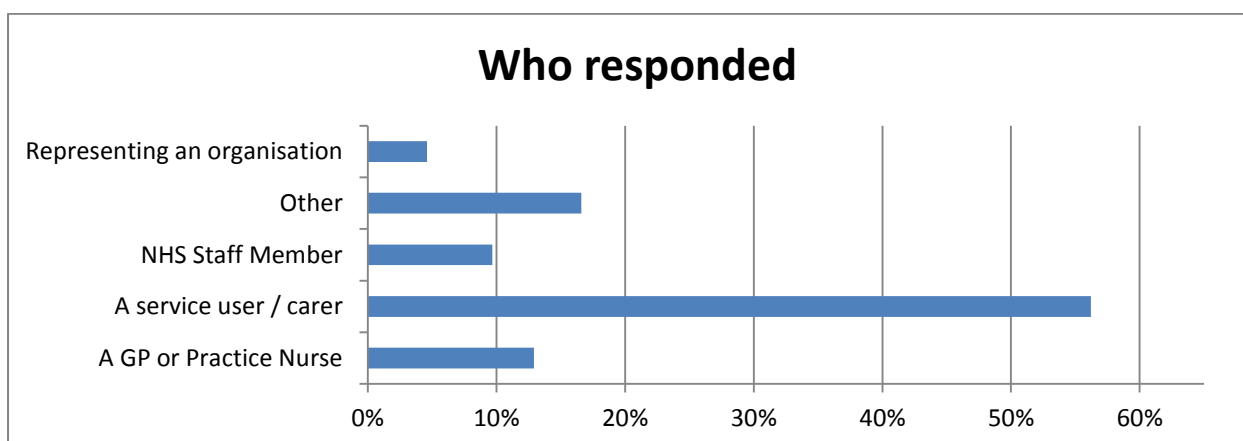
There were two areas that were not consistent, this was indicated by an increased number of young people answering 'don't know' in their response. A possible explanation for the increase in people choosing 'don't know' could be due to the use of unfamiliar words, and understanding of the community navigators and peer support concept.

- ‘Community Navigators will work in community venues such as GP surgeries to assess individuals non-medical support needs and help them access groups, services and activities that can broadly improve their health and wellbeing’ – **don’t know 19%**
- ‘Peer support groups should be easily accessible in the community and not require GP / CAMHS referral’ - **don’t know 12%**

5. Who has responded to the consultation

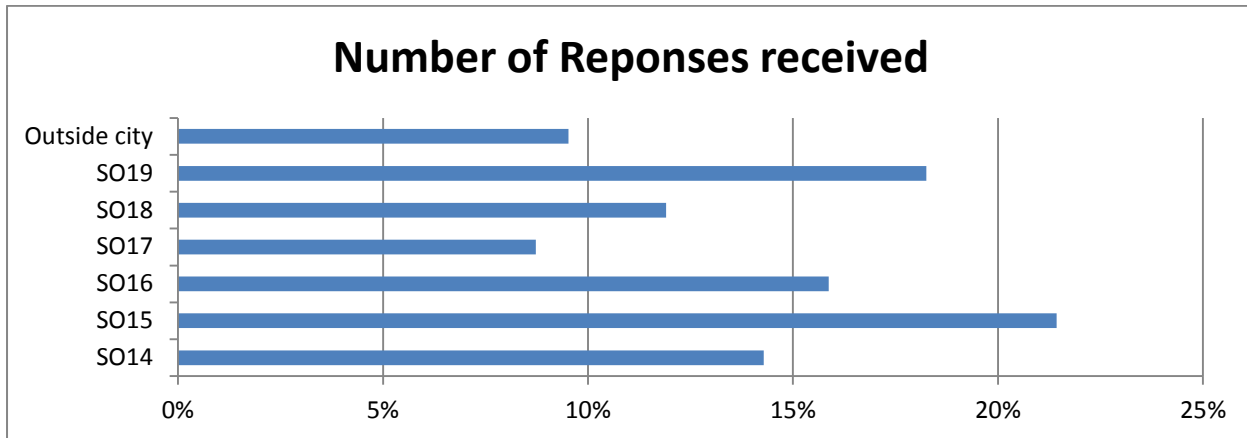
Based on the responses received from the online survey, including the No Limits adapted survey and paper copy questionnaires, the following analysis has been completed.

Service user and carer feedback was supported by a number of agencies, this resulted in good response rates from those who use mental health services and their families - proportion of those responding to the consultation who identified themselves as a service user or carer was 56%.

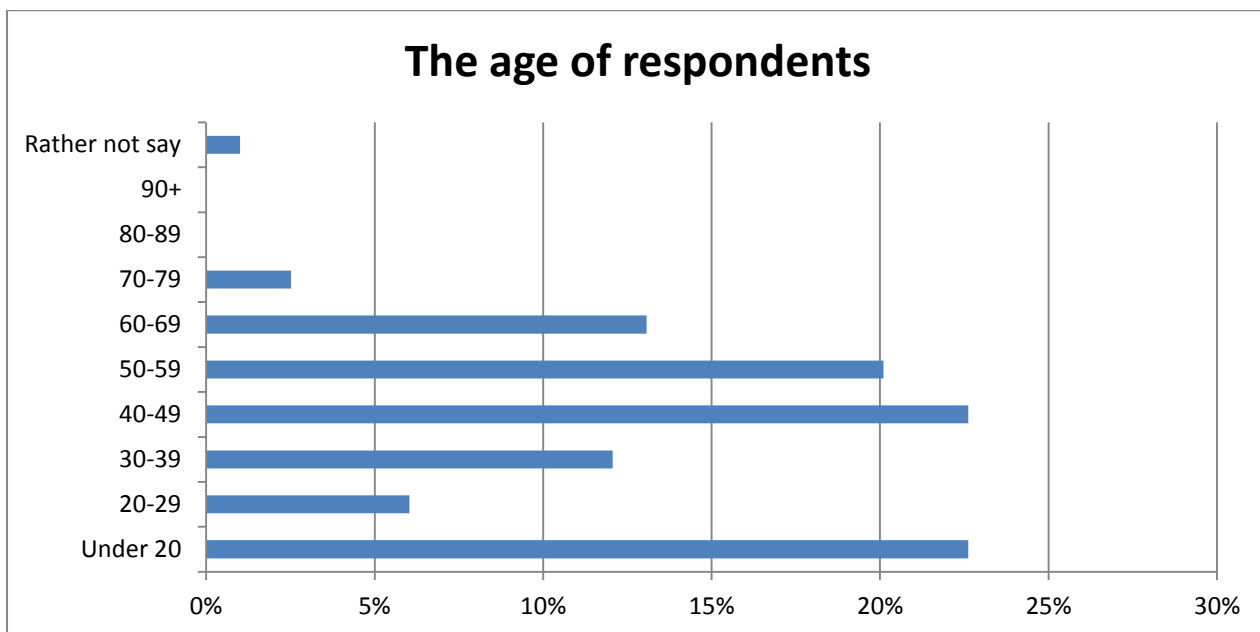


All four main providers of health services in the city provided a response/s to the consultation, Dorset University NHS Foundation Trust, University Hospital Southampton NHS Foundation Trust, Solent NHS Trust and Southern Health NHS Foundation Trust. Wide representation from other organisations included, Southampton Youth Offending Services, No Limits, Southampton City Council, GP practices, Dental practices, schools and education, Family Mosaic, Solent Mind Services, City Limits employment, Creative Options community project, Living with Harmony and Transition Southampton.

The previous engagement report identified a lower response rate from SO18 postcode areas within the east of the city, and mainly within cluster 6 (Bitterne park, Harefield and Bitterne). Additional focus was made during the consultation to ensure that residents from these areas had an opportunity to provide feedback, this resulted in an improved response rate from 3% to 12% from this postcode area.



A wide range of ages were represented, this includes the 43 responses that were received from the adapted version of the online survey to facilitate consultation with young people; it has been assumed that the respondents to this survey fall into the under 20 category.



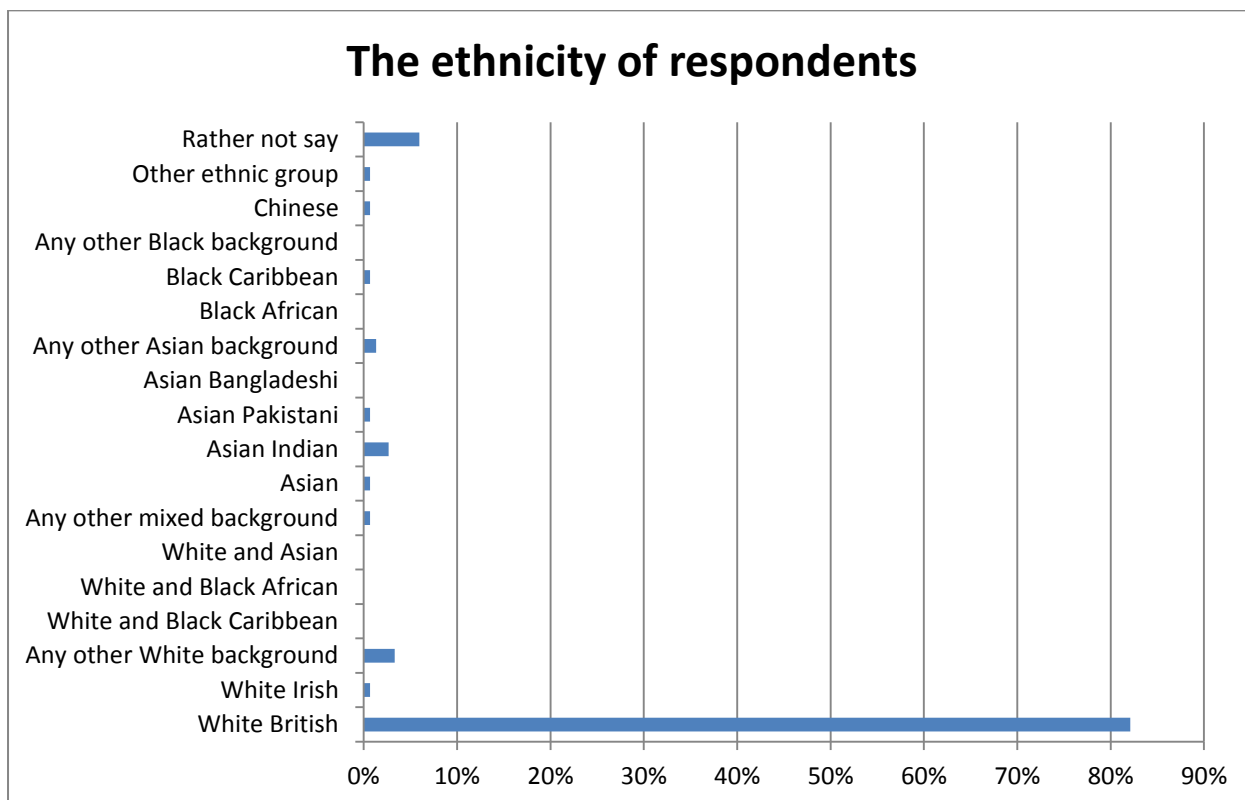
The gender of respondents was recorded as; male 34%, female 65%, and 1 % preferring not to say.

BME prevalence in Southampton is 18.2%, and white British 81.8%. We received responses from the following ethnicities: BME 11.9%, and white British 82.1%, with 6.0% opting not to provide information.

The engagement period highlighted that further work would be needed to ensure that the consultation phase reached wider representation from BME communities. As a result the consultation plan was supported by the community engagement officer to ensure that the consultation was accessible in a wide range of cultural and community venues, with attendance at

a number of community events. This resulted in an increase to the response rate from 9.6% to 11.9% from BME communities.

The notable change was a reduction from 14% to 6% of respondents who indicated 'rather not say' when asked to provide their ethnic group, and increases to the number and proportion who indicated their ethnic group to be 'any other white background', 'Asian', 'Asian Pakistani', 'any other Asian background' and 'other ethnic group'.



Details of all the forums and settings attended can be found in Appendix 2.

6. The changes we propose to make in response to the feedback

The overall proposals were welcomed and accepted by the full range of stakeholders, there were a number of points raised that we wish to either be more explicitly clear upon or amend prior to any implementation phase.

CAMHS Feedback	Response
Will the proposals be affordable	National investment in CAMHS is available to support the proposals, this additional investment has been protected for Mental Health.
<p>We are concerned about extending CAMHS to the age of 25 due to the current wait times, and the significant student population.</p> <p>How will the proposals reduce long waiting times for CAMHS, improve access to treatment, whilst also providing a responsive service to support the student population when they are in crisis, developing acute psychosis, or suicidal</p>	<ul style="list-style-type: none"> ○ National non-recurrent investment has been made available to reduce current waiting times within CAMHS ○ The 0-25 model will enable an individuals' need to be best met, resulting in care and support being provided based on need and not age alone so patients could be seen by CAMHS or AMH services ○ In practice this will mean that referrals will be jointly screened, and assessments will take place to ensure that the right practitioner and therapy is offered, including the consideration of patient choice ○ We will ensure that there are appropriate systems in place to monitor waiting times
<p>There is concern about the role of navigators</p> <ul style="list-style-type: none"> ○ They will struggle to navigate complex systems ○ What happens once a client is signposted to a service and the service declines input, or the client fails to contact the service 	<ul style="list-style-type: none"> ○ Linked to Better Care Southampton, the navigation will be system wide and so will draw on expertise across the system ○ The new model will create capacity in the right areas, this will mean that there will be better support services for everybody. It will be linked to peer support networks that can help support people to access services, where there is an identified need for extra support. ○ An example of a navigator role includes a mechanism for the navigator to follow-up to discuss progress
We would like to see early intervention and provision for 'low' level mental health issues	Locality based CAMHS Primary Mental Health teams will work with schools and GPs (doctors) to meet the needs of 'low' level mental health issues, alongside the development of

	community resources.
The decommissioning of CAMHS Saucypan left a gap in Tier 2 provision	Please see response above - locality based CAMHS Primary Mental Health teams will identify children and young people earlier and provide early intervention to prevent the progression to more complex mental health problems.
We wish to see greater awareness of mental health within schools	CAMHS primary mental health workers will work with school nurses and emotional wellbeing workers in schools to continue to increase the awareness of mental health within schools.
Why was there no mention of children with intellectual disability, and the role of education and SEND within the consultation	There are mental health practitioners within the SEND teams, no specific changes are proposed to this team and they will continue to work closely together throughout the CAMHS transformation.
How will mental health services work better with young people who are using substances, this is usually a symptom of their poor mental health, not the cause	CAMHS and No Limits (who provide drug and alcohol services to young people) already work jointly, this will be further strengthened by exploring how workers from both organisations can be embedded within each team.

AMH Feedback	Response
<p>We do not feel that the proposals adequately set out the final model, and therefore we have not had an opportunity to provide feedback</p>	<p>The end of Mental Health Matters consultation marks the start of the next phase in the programme; details of what this includes are set out in section 7.</p>
<p>Will the proposals be affordable</p>	<p>The proposals will be implemented on a phased approach, and plans will be based on affordability.</p> <p>It is expected that system wide changes within secondary care and some new investment, will release investment to support the proposals, e.g. a better range of therapeutic and recovery focused support, and access to local community resources, including the development of more peer support groups will help people to avoid episodes of crisis, and more intensive intervention.</p>
<p>Wish to see greater emphasis on peer support</p>	<p>The development of service specifications will include the requirement for all providers to promote peer support wherever possible within their service models; additionally we are exploring how peer support can be developed alongside the work that is underway in health and care services to provide support in the community.</p>
<p>We would like to see more social interventions</p>	<p>We will ensure that social interventions are considered within the development of service specifications.</p> <p>Employment services are already part of IAPT, and plans are progressing to integrate the provision of a mental health employment service into each of the community mental health teams.</p> <p>We will ensure that access to crisis support operates on social, rather than diagnosis criteria.</p> <p>The delivery of effective social support (as distinct from social care support) within the community will be accessible to people who have mental health problems:</p> <ul style="list-style-type: none"> ○ peer support ○ carers support ○ behaviour change services (smoking, weight loss, exercise) ○ help to access employment, a volunteering role, or meaningful activities ○ safeguarding and criminal justice ○ other universal services – e.g. benefits, advocacy.

<p>We believe there is a gap in services for people with personality disorders</p>	<p>We believe that all services should be accessible to, and support, people with personality disorders. However, we recognise the need to better meet the needs of people with complex personality disorders and will be looking at the patient pathway, ensuring that specialist personality disorder expertise is available.</p>
<p>How will the proposals address the needs of the population that “fall between the services” those that require more than the brief intervention that IAPT offer, but do not meet criteria for longer term intervention provided by secondary care services</p>	<p>IAPT and secondary mental health services are already exploring how they can improve joint working to support people that are currently falling between services. Primary care pilots are underway that will shape and inform the future development of a primary care mental health model.</p>
<p>Culture change is a key theme of this programme</p>	<p>Changing staff culture will be considered within the development of service specifications, we will consider with staff, service users, carers and other stakeholders how to define and measure cultural change.</p>
<p>We would like to see more work on reducing mental health stigma</p>	<p>The NHS and council support and actively promote Time to Change, a national campaign led by Mind and Rethink aimed at ending the discrimination faced by people who experience mental health problems.</p> <p>A citywide all age anti-stigma campaign was launched during the autumn of 2015, and continues into 2016.</p>
<p>How have the needs of veterans been considered in the proposals</p>	<p>We believe that all services should be accessible to, and support veterans.</p> <p>Additionally NHS England provides mental health services across England specifically for veterans.</p> <p>The Veterans and Reserves Mental Health programme (VRMHP) provides assessment and treatment advice for veterans.</p>
<p>Alongside carers support how will you ensure carers are engaged with, sometimes away from their loved ones</p>	<p>We are keen to further progress plans working with carers and providers to help develop methods of engaging with carers and helping to include them in the development of care plans where appropriate.</p>

<p>We would like to see that services are being provided equitably across the city, and that any future development considers equitable access</p>	<p>Services will be based on need and will be centred and developed around the three existing localities in the city; East, Central and West.</p>
<p>We would like to see a designated place where organisations could work together to provide a range of community services</p>	<p>With the development of the Better Care Southampton we are looking at ways that services can co-locate and provide hubs across the City for a range of health, social care and community services.</p>
<p>There is a lot about improving services for people with mental health problems but how will you ensure that services meet the mental health needs of those with physical illness</p>	<p>As part of the NHS England’s Five Year Forward View for mental health we will be working towards increasing access to psychological therapies from 15% to 25%. Recommendations from NHS England are that the majority of this increase should come from people with physical health needs.</p> <p>We will be working across the physical health pathways to identify need and adapt pathways to include mental health support and information.</p>
<p>How will plans incorporate the five year forward view for mental health – report from the independent mental health taskforce to the NHS in England (February 2016)</p>	<p>We have assessed our plans against the five year forward view to ensure that our plans are consistent with the recommendations.</p> <p>We will be undertaking an assessment of how we will meet our commissioner responsibilities for investment in the following areas:</p> <ul style="list-style-type: none"> ○ CYP mental health ○ eating disorders ○ specialist perinatal mental health ○ expansion of psychological therapies ○ crisis and acute care ○ early intervention in psychosis ○ physical health interventions ○ secure care pathway.
<p>How will plans incorporate the learning and recommendations from Local Safeguarding Boards and Serious Incidents</p>	<p>We will continue to ensure that these areas are considered during the next phase of the programme; details of what this includes are set out in section 7.</p>

7. Next steps

The conclusion of the Mental Health Matters consultation marks the start of the next phase in the programme. Some areas we have started to progress, with changes already underway, and some areas will continue to be progressed over the coming months. This will include establishing groups to further develop pathways, and these groups will include representation from experts by experience, carers, stakeholders and clinicians.

Changes and progress already underway

- Employment support officers embedded within each of the three community mental health teams (CMHT).
- Introduction of care navigation roles within the acute mental health team
- CAMHS; implementation of new community eating disorder team, recruitment to crisis workers underway, and embedding CAMHS practitioners within early intervention in psychosis (EIP) adult teams.
- Psychiatric intensive care (PICU) is currently being provided on another site due to difficulties in maintaining safe staffing levels at Antelope House. Commissioners are clear that this is not a sustainable or acceptable solution beyond the short term for our patients. It is essential that a local solution is delivered and we will be working in partnership to progress this through the STP mental health alliance (see below), and in parallel with taking forward the plans set out in Mental Health Matters.

Development of pathways

Engagement groups will include:

- acute mental health team including crisis support
- personality disorder pathway
- primary care mental health service
- community development inducing navigation and peer support
- CAMHS 0-25 development
- developmental disorder pathway (autism, ADHD)
- CAMHS transformation plan

Implementation

Phased implementation from summer 2016 onwards, each of the programme areas will progress and be completed to different timescales; this is in recognition of the diverse range and varying complexities of the service areas and pathways.

Progression of plans will be approved by Southampton City Clinical Commissioning Group, and our website will be updated regularly to reflect progress.

Additionally in December 2015, the NHS outlined a new approach to help ensure that health and care services are built around the needs of local populations. Every health and care system in England will produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years. Hampshire, Portsmouth, Southampton and the Isle of Wight have established a mental health alliance which includes membership from all sectors of health and care to support and enable the delivery of local 'place based' plans.

Rehabilitation pathway

We told you in our consultation document that a further formal review and public consultation on rehabilitation services would take place. The review of rehabilitation services will determine if the right residents are in the right place, receiving the right care at the right time, delivered by the right people. We anticipate that a public consultation will take place during winter 2016.

Senior Commissioner

Southampton Integrated Commissioning Unit

If you need further copies of this document or need it in a different format please contact Amanda.Luker@Southamptoncityccg.nhs.uk or telephone 023 8072 5568

Appendix 1 – Communication methods used for consultation

Southampton City Clinical Commissioning Group website and social media
Southampton City Clinical Commissioning Group staff newsletter, newsletter for GPs, practice managers and practice nurses
Southampton City Clinical Commissioning Group stakeholder newsletter - In Touch
Southampton City Clinical Commissioning Group TARGET delegate packs - GPs, practice nurses and HCA attendance
Southampton City Clinical Commissioning Group FYI Friday, GPs and other local clinical staff
SCC, your city your say distribution
SCC, Healthy Southampton bulletin and City news bulletin
SCC social media
Southampton Echo press release, article online and in evening paper
The Breeze radio station, news article
Mental health round table event participants
Southern Health NHS Foundation Trust Southampton teams, via management dissemination and via staff newsletter
Southern Health NHS Foundation Trust Southampton membership list
Solent NHS Trust Southampton teams, via management dissemination and via staff newsletter
Primary Care via GP portal, direct email from communications
Dorset University NHS Foundation Trust Southampton steps to wellbeing
Healthwatch
No Limits
The Wiltshire Trust
Solent Mind
Mental health partnership group
Natalie House
Supporting people housing providers
Substance misuse services
Southampton City Council housing needs manager
Carers in Southampton
Southampton City Council new deal employment project manager
Southampton City Clinical Commissioning Group website
Southampton City Council; Healthy Southampton Facebook, council website news, e-bulletin
0-19 Board
Headstart project group and providers

Children and adolescent mental health services (CAMHS) quarterly interface
Citywide anti-stigma circulation list
Solent and Southampton University Welfare Officers
Dementia partnership group & dementia support services community development grant programme
Mental health forum members
Street pastors
Southampton schools (Heads, deputy's, PSHE leads and all mental health leads identified through CAMHS transformation)
Youth options
No Limits adapted Mental Health Matters online survey
Ropewalk Community Centre
NHSE Wessex
Wessex Clinical Senate
Time to Change Equalities and Regional Co-Ordinator
Community BME volunteers who are members of various community groups
Leaflet 'please take part in our Mental Health Matters Public Consultation' distributed to community venues across the city
Frequently asked questions (FAQ) added to CCG website during consultation period

Appendix 2 – Calendar of consultation events

Primary Care TARGET
Natalie House
Supporting people providers
Solent Mind services
IAPT peer support group
Depression alliance group
Carers in Southampton
0-19 Board
Headstart project group and providers
Children and adolescent mental health services (CAMHS) quarterly interface
Dementia partnership group
Equality and diversity reference group
Consult and challenge group
Mental health partnership group
Mental health forum
Creative options group
Southampton drug and alcohol recovery service
Children and adolescent mental health services (CAMHS) - Brookvale waiting room
Children and adolescent mental health services (CAMHS) - Orchard waiting room
Antelope House peer support worker facilitated service user feedback
Solent mind service user forum
Adult mental health services - college keep waiting room
Children and adolescent mental health services (CAMHS) practitioners workshop
Communications and Engagement group
Southampton City Clinical Commissioning Group Patient Forum
Integrated Commissioning Unit 'Can Do' Group
University of Southampton Students Union
Southampton Safeguarding Children Board
Southampton Health Overview and Scrutiny Panel
Friends of St James Park Autism Social Group
St. Denys Activities Group launch - new mental health weekly drop in support service

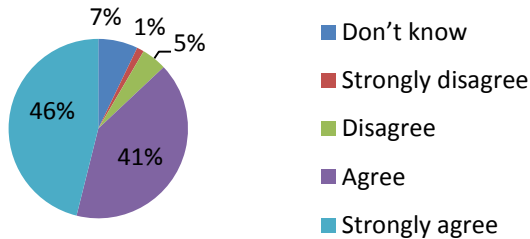
SO18 Big Local Health & Wellbeing Sub Committee
Vice Chair of Southampton Chinese Association - weekly drop in session at Northam Community Centre
Southampton Women's Forum
City of Sanctuary meeting
Mount Pleasant Junior School's Governor's meeting
Cultural & Community Agencies Exhibition
Spectrum to the 'Time 4 Tea' group
Sure Start Multi Agency Forum
Newtown Residents Association St. George's Day celebration

Appendix 3 – Frequently asked questions

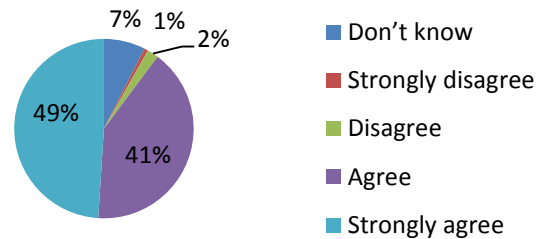
Question	Response
<p>What is Better Care Southampton and how does this link to the consultation</p>	<p>Better Care Southampton is a joint project between NHS Southampton City Clinical Commissioning Group (CCG) and Southampton City Council. We are joining up health and social care services in the city together with local voluntary and community services and putting each individual patient's need at the centre of their care planning. You can find out more about Better Care on our website www.southamptoncityccg.nhs.uk/better-care-southampton</p>
<p>Why are you asking the same questions that were asked during the Mental Health Matters engagement period</p>	<p>The engagement period for Mental Health Matters took place during the autumn 2015; the feedback received during the engagement period included many valuable suggestions and things to consider. This feedback helped us to shape the plans set out in this public consultation and we are now checking that we have got these plans right before we implement them.</p>
<p>Why is my neighbourhood not included within appendix 3: Better Care Southampton - proposed closer organisation?</p>	<p>Unfortunately there is not enough room to include all of the city's neighbourhoods on the diagram but the whole city is included.</p> <p>Services will be delivered close to your community, and delivered around GP practice populations called clusters. The map at the end of this document shows which cluster you belong to base on where you live (your neighbourhood), and which GP practice you are registered with.</p>
<p>What is a Community Navigator?</p>	<p>Community Navigators are a key role in the Better Care programme. They are responsible for working with health services, social care, voluntary and community organisations and letting you know about the support available in your area.</p>
<p>Why is there no mention of dual diagnosis? (Dual diagnosis is the term used to describe patients with both severe mental illness and problematic drug and/or alcohol use)</p>	<p>Although we have not specifically made reference to dual diagnosis the same principles outlined in the proposals, changes and improvement section will apply if you need help with your mental health problem and also have concerns around drug and/or alcohol use.</p>

Appendix 4 – Full analysis of feedback

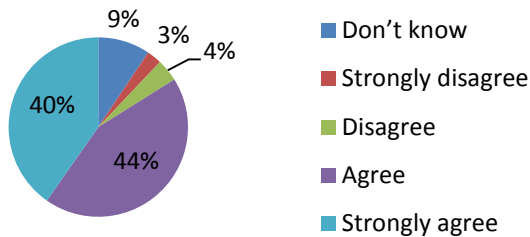
Mental health services should be aligned to Better Care Southampton clusters, and should be provided closer to my home in a local setting within the cluster



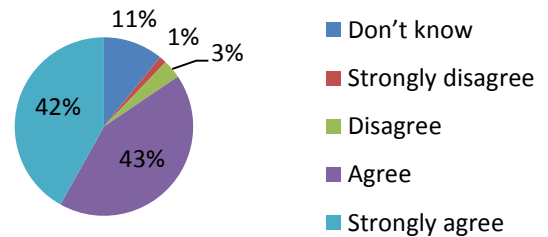
There should be more services that support me outside of secondary care mental health services, such as in primary care or in ordinary community services



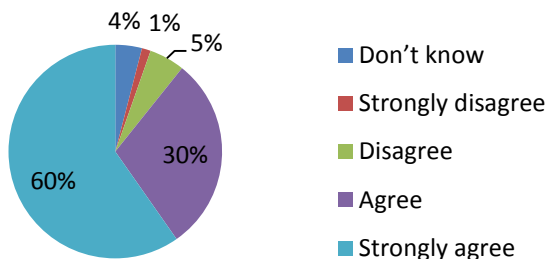
Community navigators should be developed in all settings to help me access a range of services that will allow me to maintain my own health and wellbeing



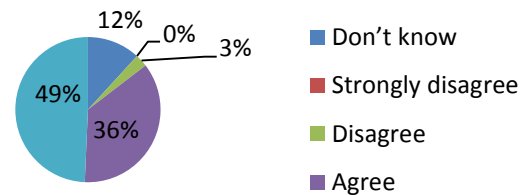
There should be improved access to local community resources, including the development of more peer support groups should be part of my care plan



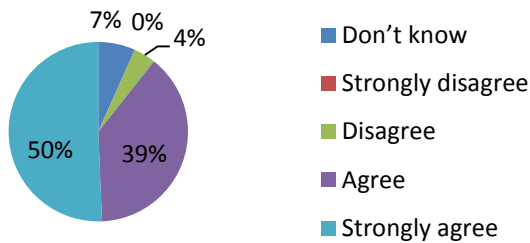
Services should adopt an 'ageless' approach, and my care should be based on my needs and not my age alone



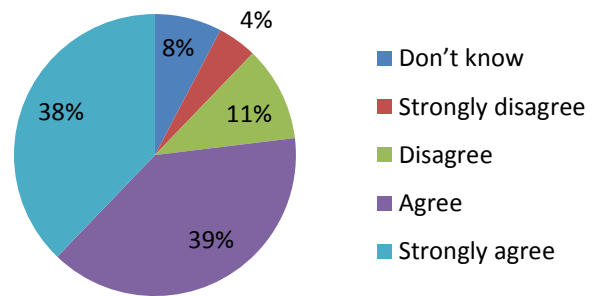
Perinatal mental health which provides support for women who are at risk of developing mental health problems during pregnancy and the first year post pregnancy, as well as those considering becoming...



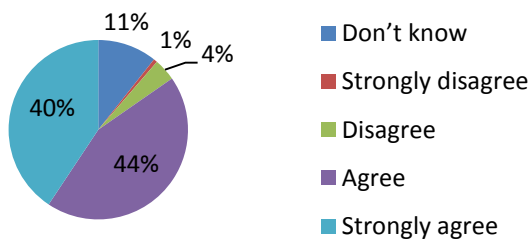
Services should be established for adults of working age for developmental disorders, such as ADHD, high functioning autism and Asperger's



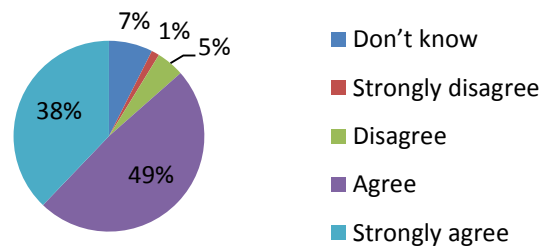
Helping me get employment should be part of my care plan



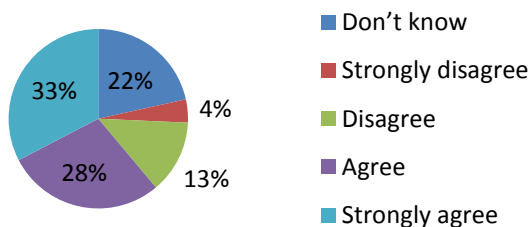
Carers should have improved access to support and access to education in their caring role, this will be achieved through community navigators and community solutions



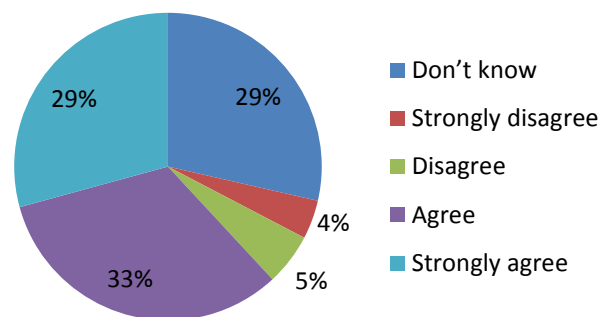
Service user networks and alliances should be developed and they should play an active role in improving services



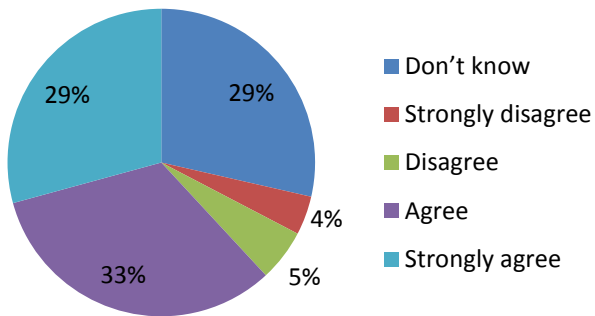
Some resources should be shifted from secondary care mental health services into services such as community navigators, peer support groups



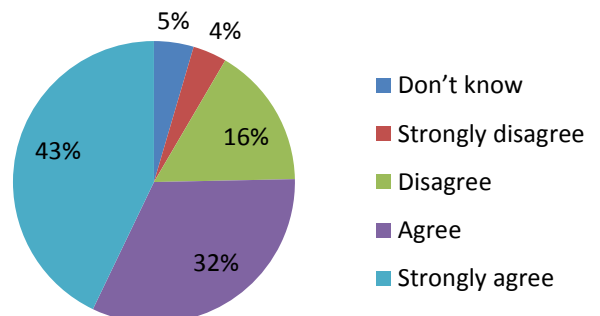
The proposals will improve services



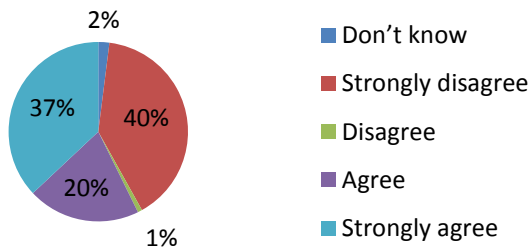
The proposals focus on the right things



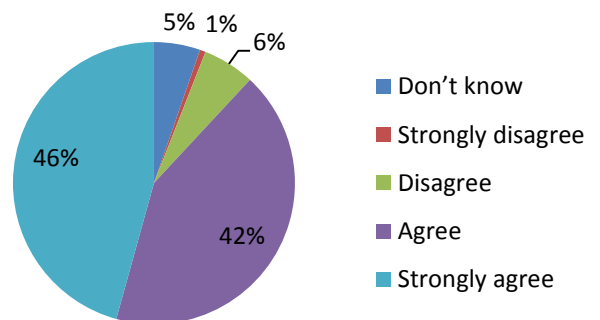
Child and adolescent mental health services should cover 0-25 years



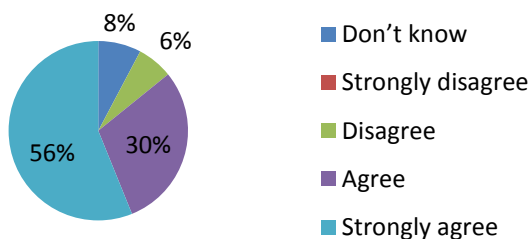
Young persons' improving access to psychological therapies service (IAPT), and community eating disorder services for young people should be developed



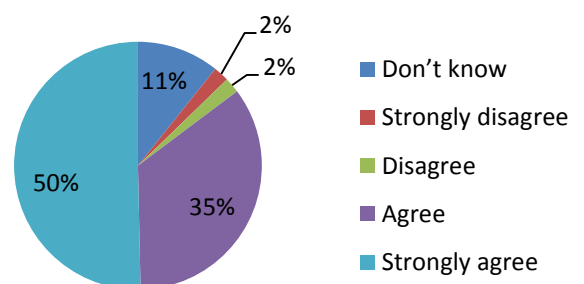
Perinatal mental health support for women should be improved



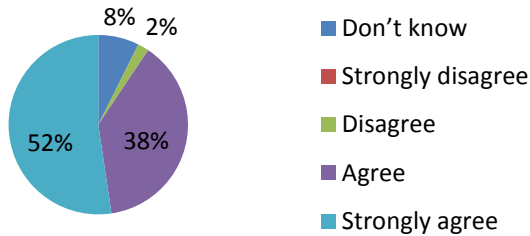
Services should be established for adults of working age for developmental disorders, such as ADHD, high functioning autism and Asperger's



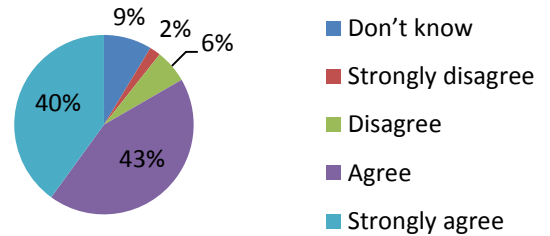
Mental health services shall be aligned to Better Care Southampton clusters, with care provided closer to my home



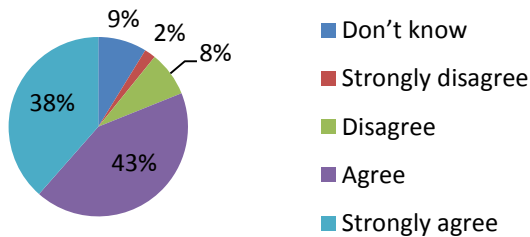
There should be more services that support me outside of secondary care mental health services, such as in primary care or in ordinary community services



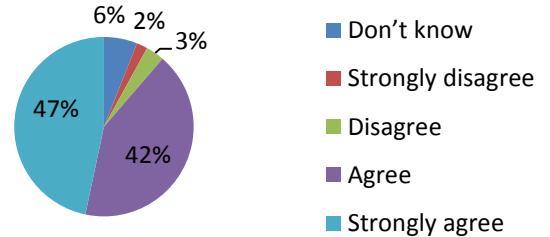
Community navigators should be developed in all settings to help me access a range of services that will allow me to maintain my own health and wellbeing



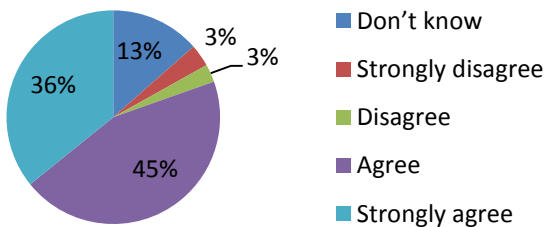
There should be improved access to local community resources, including the development of more peer support groups should be part of my care plan



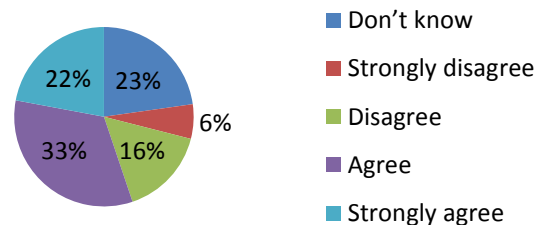
Carers should have improved access to support and access to education in their caring role, this will be achieved through community navigators and community solutions



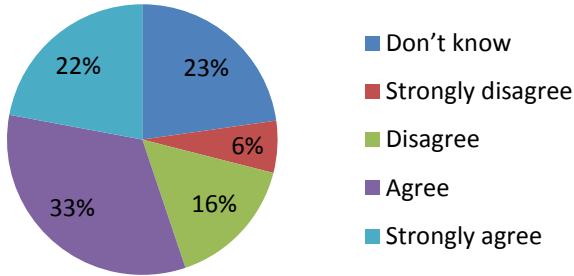
Service user networks and alliances should be developed and they should play an active role in improving services



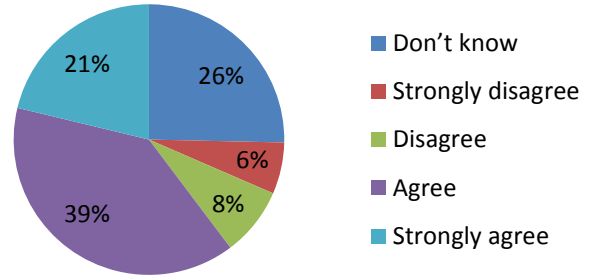
Some resources should be shifted from secondary care mental health services into services such as community navigators, peer support groups



The proposals will improve services

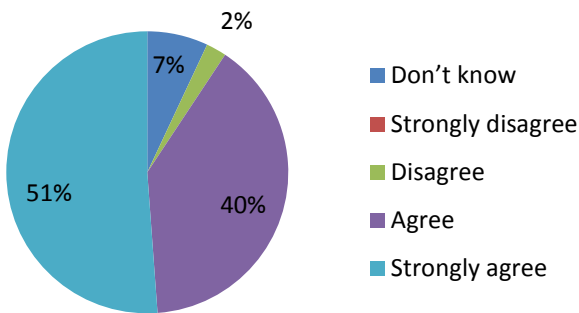


The proposals focus on the right things

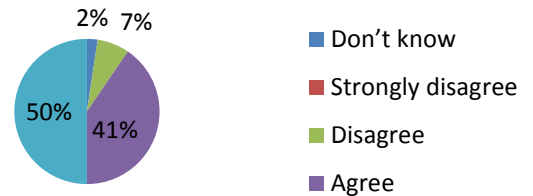


No Limits child and adolescent adapted survey feedback

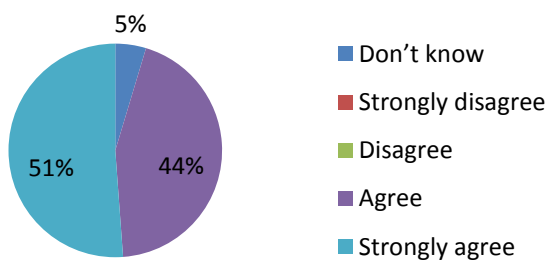
Child and Adolescent mental health services should cover 0-25 years



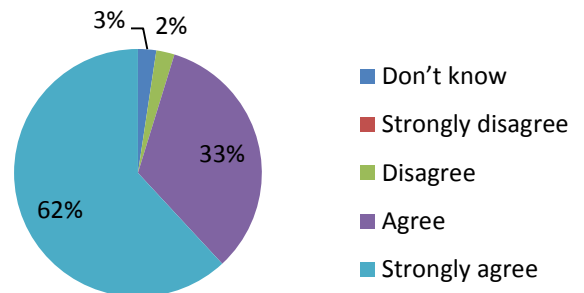
Services for children and young people should include development of talking therapies (similar to counselling) and an eating disorder service that offers advice, help and support either within service users own homes, health...



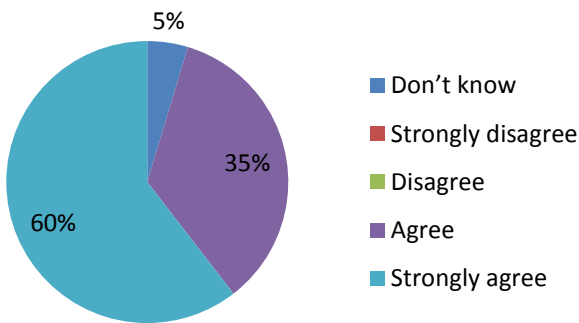
There should be more mental health support for woman who are planning on getting pregnant, are pregnant or have recently had a baby



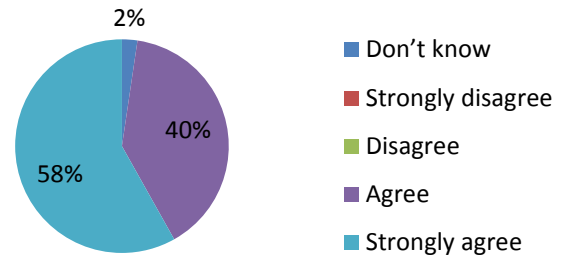
Support for people with autism, ADHD and similar disorders should be available across all ages



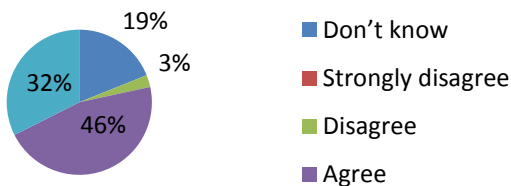
I should be able to access mental health support close to where I live



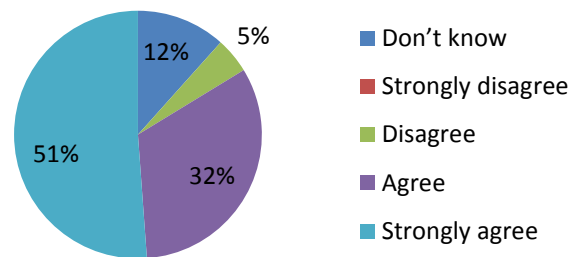
It should be easier to access mental health support via my GP, local community based services, No Limits etc.



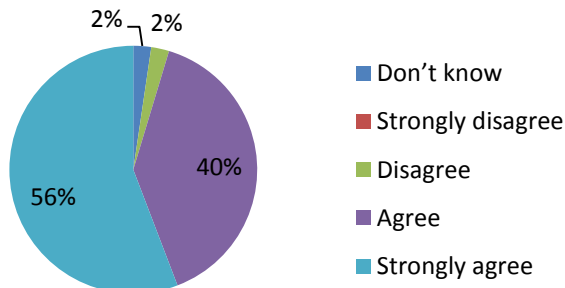
Community Navigators will work in community venues such as GP surgeries to access individuals' non-medical support needs and then access groups, services and activities that can broadly improve their...



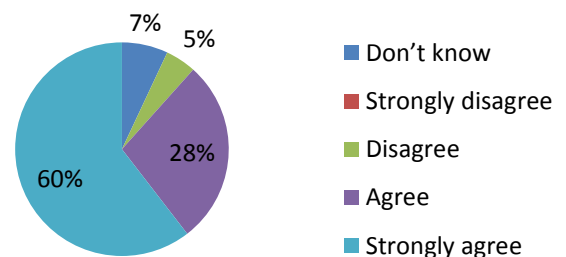
Peer support groups should be easily accessible in the community and not require GP / CAMHS referral



Young carers should have access to improved support and not be disadvantaged due to their caring role



Children and young people should play an active role in the design, development and improvement of mental health services



Appendix 5 – Online and paper based feedback form

Share your views

We are very interested in hearing your views; please take a few minutes to let us know what you think. You do not need to answer all of the questions; just those that you feel are **relevant to you**.

You do not have to provide your name.

To what extent do you agree or disagree with these comments?

Child and adolescent mental health services	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
Child and adolescent mental health services should cover 0-25 years					
Young persons' improving access to psychological therapies service (IAPT), and community eating disorder services for young people should be developed					
Perinatal mental health which provides support for women who are at risk of developing mental health problems during pregnancy and the first year post pregnancy, as well as those considering becoming pregnant should be improved					
Services should be established for adults of working age for developmental disorders, such as ADHD, high functioning autism and Asperger's					
Mental health services shall be aligned to Better Care Southampton clusters, with care provided closer to my home					
There should be more services that support me outside of secondary care mental health services, such as in primary care or in ordinary community services					

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
Community navigators should be developed in all settings to help me access a range of services that will allow me to maintain my own health and wellbeing					
There should be improved access to local community resources, including the development of more peer support groups should be part of my care plan					
Carers should have improved access to support and access to education in their caring role, this will be achieved through community navigators and community solutions					
Service user networks and alliances should be developed and they should play an active role in improving services					
Some resources should be shifted from secondary care mental health services into services such as community navigators, peer support groups					
The proposals will improve services					
The proposals focus on the right things					

Please tell us about any other options or ideas you would like us to think about in relation to child and adolescent mental health services for the future?

To what extent do you agree or disagree with these comments?

Adult mental health services	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
Mental health services should be aligned to Better Care Southampton clusters, and should be provided closer to my home in a local setting within the cluster					
There should be more services that support me outside of secondary care mental health services, such as in primary care or in ordinary community services					
Community navigators should be developed in all settings to help me access a range of services that will allow me to maintain my own health and wellbeing					
There should be improved access to local community resources, including the development of more peer support groups should be part of my care plan					
Services should adopt an 'ageless' approach, and my care should be based on my needs and not my age alone					
Perinatal mental health which provides support for women who are at risk of developing mental health problems during pregnancy and the first year post pregnancy, as well as those considering becoming pregnant should be improved					
Services should be established for adults of working age for developmental disorders, such as ADHD, high functioning autism and Asperger's					
Helping me get employment should be part of my care plan					

Mental Health Matters – Consultation Feedback and Analysis

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
Carers should have improved access to support and access to education in their caring role, this will be achieved through community navigators and community solutions					
Service user networks and alliances should be developed and they should play an active role in improving services					
Some resources should be shifted from secondary care mental health services into services such as community navigators, peer support groups					
The proposals will improve services					
The proposals focus on the right things					

Please tell us about any other options or ideas you would like us to think about in relation to adult mental health services for the future?

Some details about you

We want to make sure that everyone has an opportunity to be part of the review and to contribute towards the design of mental health services in Southampton. To make sure we have reached a wide range of people, it would be helpful if you could provide us with a few confidential details about yourself to help us see who has responded.

Are you?

- A service user A carer A GP or Practice Nurse
 NHS Staff Member Other Representing an organisation

If you chose NHS staff member, which NHS organisation do you work for?

- Southern Health NHS Foundation Trust
 Solent NHS Trust
 University Hospital Southampton NHS Foundation Trust
 Dorset Healthcare University NHS Foundation Trust
 Other NHS organisation

What is your role?

If you chose representing an organisation, please state the organisation:

Please tell us your postcode (first four digits only)

Are you? Male Female Rather not say

What is your age?

- Under 20 20-29 30-39 40-49 50-59
 60-69 70-79 89-89 90+ Rather not say

How would you describe your ethnic group?

- White:** British Irish Any other white background
- Mixed:** White and Black Caribbean White and black African
 White and Asian Any other mixed background
- Asian or Asian British:** Asian Indian Asian Pakistani Asian
 Bangladeshi Any other Asian background
- Black or Black British:** Black African Black Caribbean
 Any other Black background
- Other ethnic groups:** Chinese Other ethnic group
 Rather not say

Thank you for your feedback. The key themes compiled from all the responses will be one of the pieces of evidence that we will consider when making decisions about next steps.

Please return your form to:

Amanda Luker
Integrated Commissioning Unit
NHS Southampton City Clinical Commissioning Group and Southampton City Council
NHS Southampton HQ
Oakley Road
Southampton
SO16 4GX

Comments can also be emailed to: Amanda.Luker@Southamptoncityccg.nhs.uk
The deadline for feedback is 12:00 midday on Monday 2 May 2016.

Thank you for your comments.

Privacy

Any personal information you give to us will always be processed in accordance with the UK Data Protection Act 1998. We will only use the personal information you provide to deliver the services you have requested, or for our lawful, disclosed purposes.

We will not make your personal details available outside our organisation without your consent, unless obliged by law. Please be aware that any comments given on this form may be published in the report. However, Southampton Integrated Commissioning Unit will endeavour to remove any references that could identify individuals or organisations.